

## LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT

Tran	saction N	lo.	

OCCUPATIONAL LICENSE FEE AMNESTY APPLICATION (application must be completed and returned with payment on or before July 30, 2010)

LFUCG Account No.			Federal Identification No./SSN		
Name/Business Name					
Mailing Address					
City			State Zip Code		
Business Telephone No.			Home Telephone No.		
E-Mail Address					
Ownership:Corpora	tion Partners	ship Individual S-0	Corp LLC/LLP Other(list)		
Schedule of Tax Periods Past Due  Use this schedule to list tax periods previously not reported, previously reported but in need of amendment, previously reported and not paid in full, or to list outstanding tax notices. Attach all supporting documentation and tax returns.					
License Fee Type	Tax Period	Amount Due	Please Check The Appropriate Response Below		
			I received this notice from LFUCG  I received this notice from RDS  Division of Revenue Use Only		
			Make check payable to: <b>LFUCG</b>		
Total License Fee Due			P.O. BOX 14058, LEXINGTON, KY 40512-4058		
CERTIFICATION  I certify that I am eligible for the Occupational License Fee Amnesty program as outlined and defined in <i>LFUCG 2010</i> Ordinance, and the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge. I recognize that knowingly providing false information will render me ineligible for participation in the Amnesty program. I understand that by participating in the License Fee Amnesty program, I waive the right to protest or initiate an administrative or judicial proceeding or to claim a refund of moneys paid with the application or amnesty returns.  Signature of Licensee  Date					
Signature of Person Preparing Application Date					